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| **IgG4-RD MDT patient form** |
| **Thank you – please return this form electronically in a Word version to** **orh-tr.igg4mdt@nhs.net****Notes**1. If the referrer is unable to attend MDT, please let us know if someone can present the patient on your behalf
2. If histology samples need to be posted from other hospitals, please liaise with Dianne.butler@ouh.nhs.uk to do this prior to the MDT.
3. If images need to be transferred from other hospitals, please liaise with the PACS office to do this prior to the MDT.
4. IgG4 responder index to be completed by referring clinician ***(only complete if the diagnosis of IgG4 is known, or highly likely)***
 |
| Patient initials:  | Gender: |
| NHS number: | DOB: |
| GP surgery:  | Oxford MRN: |
| Name of referring consultant: |
| Name of person representing patient at MDT1 |
| Email contact of referrer: |
| Date of referral: |
| Date of MDT held to discuss patient: |
| Current IgG4 disease treatment (steroids, other immunosuppressive agents and biologics). Please include drug doses:  |
| Brief History: |
| Questions for MDT (e.g. review or confirm diagnosis, review management): |
| IgG4 serum measurements & date:  |  |
| Is there relevant histopathology for review? 2 |  |
| Is there relevant radiology for review? 3 |  |
| Other relevant test results:  |  |

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| **MDT Outcome Summary (Please leave blank)\*** |
| **Radiology comments****Histopathology comments****Other comments****Action to be taken** |

**\*This will be uploaded to EPR after the MDT**

**IgG4-RD Disease Responder Index**4

**Please complete at time of referral - only complete if the diagnosis of IgG4 is known, or highly likely.**

**Scoring Rules:**

This case report form refers to manifestations of disease activity present in the last 28 days

Scoring:

0 Normal or resolved

1 Improved

2 Persistent (Unchanged from previous visit; still active)

3 New / Recurrence

4 Worsened despite treatment

**Definitions:**

***Organ/Site score:*** The overall level of IgG4-RD activity within a specific organ system

***Symptomatic:*** Is the disease manifestation in a particular organ system symptomatic? (Y = yes; N = no)

***Urgent disease:*** Disease that requires treatment immediately to prevent serious organ dysfunction (Y = yes; N = no)

(*The presence of urgent disease within an organ leads to doubling of that organ system score*)

***Damage:*** Organ dysfunction that has occurred as a result of IgG4-RD and is considered permanent (Y = yes; N = no)

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|  | Normal/ resolved | Improved | Persistent | New/ recurrence | Worsened |  | Symptomatic | Urgent | Damage Present |
|  | Organ/site score (0-4) ‘Tick appropriate box’ |  | Yes | No | Yes | No | Yes | No |
| Pachymeninges |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Pituitary gland |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Orbital and lacrimal glands |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Salivary glands |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Thyroid |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Lymph nodes |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Lungs |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Aorta and large blood vessels |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Retroperitoneum mediastinum and mesentery |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Pancreas |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Bile duct and liver |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Kidney |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Skin |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Other sclerosis/ mass formation |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]
| Serum IgG4 level score |[ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ] [ ] [ ]